

## MISSOURI'S CAREGIVER BACKGROUND SCREENING SERVICE

### INSTRUCTIONS

This service allows the public to receive background information on people who provide daycare or healthcare services to children, the elderly and persons with disabilities.

The State, through various departments, offers several resources to screen caregivers:

1. Child abuse/neglect records, maintained by the Division of Family Services (573) 751-2330
2. Family Foster Care Licensing records, maintained by the Division of Family Services (573) 751-2330
3. The Employee Disqualification List, maintained by the Division of Aging (573) 522-2448
4. The Disqualified Registry, maintained by the Department of Mental Health (573) 751-8567
5. Child Daycare Licensing, maintained by the Department of Health (573) 751-2450
6. State criminal background checks, sexual offender registry, conducted by the Missouri State Highway Patrol (573) 526-6153

The Caregiver Background Screening Request form allows the public to obtain information from these databases through a single request. The form must be completed and signed by both the requestor and the caregiver. The requestor will receive separate responses from each agency database that is selected.

1. Once completed, send the form to the Missouri State Highway Patrol at the address below.
2. **If you have a question about a particular response, please call the agency that sent you the response at the phone number above.**

For purposes of this form, the requestor is the person who wishes to obtain background information on a potential caregiver. The caregiver is the person being screened for the purposes of potential employment as a daycare or healthcare service provider.

#### **BLOCK I (To be completed by the requestor, or person obtaining information)**

##### **Section A: Type of Screening**

Section A contains the resources available to screen potential caregivers. The requestor must indicate the resources to be included in the background screening. All screenings, except for the state criminal background check, are free of charge. Requests for state criminal background checks must be accompanied by a check for \$5 payable to the Missouri State Highway Patrol. In addition, screenings 1, 3 and 4 require a notary public to witness the caregiver's signed authorization to release information (See Section D and E). Screenings 2, 5 and 6 are considered open information under state statute and do not require a notary's verification.

##### **Section B: Requestor's Information**

The requestor must complete Section B.

#### **BLOCK II (To be completed by the caregiver, or person being screened)**

##### **Section C: Identifying Data for Background Screening**

The caregiver, or person being screened for potential employment, must complete Section C. This section consists of identifying information that is needed to conduct background screenings.

##### **Section D: Authorization to Release Background Check Information**

The caregiver must sign Section D to authorize the State to conduct the screening and to provide the information to the requestor. The caregiver must sign Section D in the presence of a notary public if screenings 1, 3 and 4 are selected.

##### **Section E: Notary Information**

A notary public must complete Section E after witnessing the caregiver's signed authorization for release of information in Section D.

#### **BLOCK III (To be completed by the requestor, or person obtaining information)**

The requestor must complete Block III by providing return address information.

**Fill out the form as completely and accurately as possible. Accurate information on the form is essential for a quality background check.**

#### **SEND ALL COMPLETED BACKGROUND SCREENING FORMS TO:**

Department of Mental Health  
Central Office - Attn: Dana Opie (HR)  
1706 East Elm  
Jefferson City, MO 65101  
or Fax - (573) 526-4561



STATE OF MISSOURI  
CAREGIVER BACKGROUND SCREENING

AGENCY USE

**BLOCK I - TO BE COMPLETED BY THE REQUESTOR**

**SECTION A: TYPE OF SCREENING (Check as many as applicable)**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Child Abuse or Neglect File (No charge, Notary req)                  | <input type="checkbox"/> 4. Department of Mental Health Disqualified Registry (No charge, Notary req)       |
| <input type="checkbox"/> 2. Family Foster Care Licensing (No charge)                             | <input type="checkbox"/> 5. Child Day Care Licensing (No charge)  |
| <input type="checkbox"/> 3. Division of Aging Employee Disqualified List (No charge, Notary req) | <input type="checkbox"/> 6. State Criminal Background Check/Sexual Offender Registry - Name Search (\$5.00) |

**SECTION B: REQUESTOR INFORMATION**

Responses generated as a result of this form are confidential. Any person disclosing the information in violation of 43.540, 589.400 RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

REQUESTOR'S NAME		REQUESTOR'S TELEPHONE	
REQUESTOR'S ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF REQUESTOR (REQUIRED IN INK)		DATE	

**SECTION C: IDENTIFYING DATA FOR BACKGROUND SCREENING**

CAREGIVER NAME( LAST, FIRST, MI JR, SR, III)			SOCIAL SECURITY NUMBER	
MAIDEN NAME	DATE OF BIRTH (MMDDYY)	STATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
ALIAS NAME(S)				

**ADDRESSES FOR THE LAST 3 YEARS**

STREET	CITY	STATE	STREET	CITY	STATE
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND CHECK INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission to obtain any and all information needed to process this request, to make the information available to the requestor and to use the information as permitted by law.

SIGNATURE OF CAREGIVER, MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (REQUIRED IN INK)	DATE
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**SECTION E: NOTARY INFORMATION (Required for screening types 1, 3 and 4. See Section A above)**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

**BLOCK III - REQUESTOR MUST PROVIDE RETURN ADDRESS BELOW**

MO 300-1590 (8-02)


- ← ATTN (REQUESTOR'S NAME)
- ← ADDRESS 1
- ← CITY, STATE, ZIP CODE